

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
lwase	Randall	Υ.	808 623-7797
MAILING ADDRESS (Street)			FAX
95-711 Lewanuu Street			
(City)	(State) (Zip		Code)
Mililani	Hawaii 96789		789
EMPLOYING ORGANIZATION (Fill in only if you are e	mployed by a business entity which has been i	retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Science & Technology Council MAILING ADDRESS (Street)		TELEPHONE 808 536-4670 FAX				
				735 Bishop Street, Suite 401		808 536-4680
				(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE				
Randall Y. Iwase		808 623-7797				
MAILING ADDRESS (Street)		FAX				
95-711 Lewanuu Street						
(City)	(State)	(Zip Code)				
Mililani	Hawaii	96789				

PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	Y
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	
	ON OF LOBBYIST		
I hereby certify that the	g ipformation furnished above	is, to the best of my knowled	ge, correct and complete
(V Voll (1 Mari	•	J. /
- Carl	· Swar		12/07
·	(Signature of Lobbyist)		(D-4-)
			` (Date)
			(Date)
PART V AUTHORIZATI			(Date)
NAME USA	ON TO LOBBY H-GUBSON	TITLE OF AUTHORIZING OFFICER	
	ON TO LOBBY H-GUBSON	TITLE OF AUTHORIZING OFFICER	
NAME ASA NAME OF ORGANIZATION (if a	ON TO LOBBY H-GUBSON	TITLE OF AUTHORIZING OFFICER LEXILLE TRAINOLOGY (XUM	TELEPHONE
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NAME NAME OF ORGANIZATION (if a substitution of	ON TO LOBBY H-GUBSON	TEALNOLOGY CAUME	TELEPHONE SOR TELEPHONE SOR FAX 808
NAME ASA NAME OF ORGANIZATION (if a	ON TO LOBBY H-GUBSON	Teahvology (auni H #401	TELEPHONE 308 FAX
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(Signature of Authorizing Officer or Person Represented)

(Date)